

# INTRODUCTION

- The Department of Nutrition and Dietetics joined the interprofessional, student-run clinic at St. Catherine University, the St. Mary's Medical and Rehabilitative Therapies (SMMART) in 2020, to enable dietetics students and interns to provide culturally-appropriate medical nutrition therapy.
- This interprofessional clinic provides multiple facets of holistic care (Figure 1).
- The SMMART clinic serves individuals who have migrated to the Twin Cities area, largely identifying as Hispanic/Latinx.
- The patients of the SMMART clinic are at a disproportionately high risk for chronic nutrition-related diseases such as cardiovascular disease and Type 2 Diabetes Mellitus (T2DM) due to high rates of obesity and other comorbidities.<sup>1</sup>
- **Goal and purpose:** To implement a nutrition services program that provides nutrition assessment, food security resources, and nutrition education at an interprofessional student-run clinic.

# **METHODOLOGIES & METHODS**

- To establish nutrition services within the SMMART clinic, 2 faculty members first initiated implementation of nutrition assessment and education.
- Each patient is booked for a one-hour virtual or in-person nutrition appointment with access to an interpreter. Supplementary written nutrition resources were developed or identified in both English and Spanish to provide patients with tailored handouts or videos.
- An interactive process led to the development of a pop-up food shelf, food insecurity screening protocol, and video resources.
- Patients are referred from nursing staff, physician assistant students, and/or physical or occupational therapy students for medical nutrition therapy if they are identified to be at nutritional risk due to:
- Food insecurity
- Altered nutrition-related laboratory values
- Obesity or weight management
- or per patient request



# Integrating Nutrition Services at an Interprofessional Student-Run Clinic

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**Figure 1.** Organizational structure and roles of each profession represented within the SMMART Clinic



## Figure 2. Food Insecurity Protocol Established for patients screened as at risk for food insecurity

# • If one of the questions is marked as "often" or "yes" the PA triage, that is a positive screen Refer to nutrition students for "pop-in" appointment or schedule with CHW for next clinic ....

- Food Insecurity Tracking
- Add the participant to the food insecurity tracking li Determine level of food security (high/marginal versus)
- Inquire with patient about best resources for their current situation
- Provide patient with resources, pop-up food shelf access and/or coordinate food delivery

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### Follow-up

- as needed
- weeks.
- every 12 weeks while food insecurity is noted.

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- strategies.
- support patient knowledge.
- Development of a food insecurity protocol was implemented to support individuals experiencing challenges with food security (see Figure 2).
- available.

# **CONCLUSIONS & CURIOSITIES**

- $\bullet$ patients.
- access).
- •

Medina-Inojosa J, Jean N, Cortes-Bergoderi M, Lopez-Jimenez F. The hispanic paradox in cardiovascular disease and total mortality. Prog Cardiovasc Dis. 2014;57(3):286-292. doi:10.1016/j.pcad.2014.09.001





# RESULTS

• From 2020-2022, 14 dietetics students and 1 dietetic intern have conducted over 225 appointments. • Nutrition assessments and education have been provided for 136 unique patients under nutrition faculty supervision. • The majority of patients are counseled on chronic disease management such as pre-diabetes or T2DM diet management, a heart healthy diet for blood pressure or cholesterol management, and weight management

• Over 70 handouts and 7 videos have been developed to

• A pop-up food shelf was developed and operationalized to provide staple food items, and fresh produce, when

 Multiple referrals have been made across the interprofessional team to ensure holistic patient care and referrals to St. Mary's Health Clinic emergency services.

The integration of nutrition services in the SMMART clinic has been successful based on the quantity of care and is a unique opportunity for students, faculty and

• We continue to explore ways to better serve patients via incorporation of food security/access into nutrition intervention (e.g. medically-tailored meal kits, garden

Future studies to evaluate patient satisfaction, patient outcomes and interprofessional student learning outcomes would be helpful to move forward in advancing nutrition services at the clinic.

# REFERENCES